



## CRIMINAL BACKGROUND CHECK FOR APPLICANTS SUBMITTED WITH ONLINE APPLICATION

### USE THIS FORM ONLY IF YOU SUBMITTED AN ONLINE APPLICATION

**REQUIREMENT:** The Board's Statute, Chapter 148E.055, Subdivision 2, 3, 4, and 5, requires that all applicants for social work licensure complete a criminal background check with the Minnesota Bureau of Criminal Apprehension (BCA). The Minnesota Board of Social Work will forward this form to the Minnesota Bureau of Criminal Apprehension. The background check is required only once.

**FEE:** No additional fee is required with this form as the required fee has been assessed to your credit card with your online application.

**DATA CLASSIFICATION:** Any criminal history reported to the Board will be public data and available to the public upon request after you are licensed, except for any data collected by the Board in investigating the information you submit.

**INSTRUCTIONS:** 1) Please type or clearly print all data. 2) Provide your signature and date. 3) Submit to the Board office. 4) No additional fee is required if you submitted an online application and paid by credit card.

#### APPLICANT DATA

(FULL LEGAL NAME) LAST NAME:

FIRST NAME:

MIDDLE NAME (*full*):

**ALL** MAIDEN, ALIAS  
AND/OR FORMER NAMES:

SOCIAL SECURITY NUMBER: (private data)

DATE OF BIRTH (*mm/dd/yyyy*):

SEX (*M OR F*):

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to the Minnesota Board of Social Work, as required by Minnesota Statutes 148E.055, Subdivision 2, 3, 4, and 5. This authorization expires one year from the date of my signature.

SIGNATURE OF APPLICANT:

DATE: